

2001 UNIFORM BUSINESS REPORT (UBR)

0005486 AF

DOCUMENT # **A95000001458**

1. Entity Name

RDN FAMILY LIMITED PARTNERSHIP

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

2034 N.E. 155TH ST.
N. MIAMI BEACH FL 33162

Mailing Address

2034 N.E. 155TH ST.
N. MIAMI BEACH FL 33162

2. Principal Place of Business

2046 N.E. 155TH ST

3. Mailing Address

2046 N.E. 155TH ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

RJH

City & State

N. MIAMI BEACH, FL

City & State

N. MIAMI BEACH, FL

4. FEI Number

65-0690779

Applied For

Not Applicable

Zip

33162

Country

Zip

33162

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NELSON, RICHARD

2034 N.E. 155TH ST. 2046 N.E. 155TH ST
N. MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOT Required Agent signature required when reinstating)

DATE

2/15/2001

9. Capital Contributions as Shown on record.

\$500,000.00

10. Amount of Capital Contributions in FLORIDA to date.

1,000.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P95000069975**
NAME **RDN, INC.**
STREET ADDRESS **2034 N.E. 155TH ST. 2046 N.E. 155TH ST**
CITY-ST-ZIP **N. MIAMI BEACH FL 33162**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

2046 N.E. 155TH ST
N. MIAMI BEACH, FL 33162

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2/15/2001

CP2E003 (11/00)